

ENTRANCE EXAMINATION FORM



Name	Date of Examination
Social Security #	Date of birth
Address	Home phone
Hospitalization Insurance (name and number) Emergency Contact Information	School Attending

Past Medical History

Date / Age	Medical Problem/Issue


--



**Conemaugh Employee Health Office**

Name \_\_\_\_\_ Date



**RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**

Part A

To the employer: \_\_\_\_\_ Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination. However, certain responses, or patterns of response, may lead the reviewer to request further information, or a medical examination, in order to reach a conclusion regarding the

To the employee: Patient ID: \_\_\_\_\_ Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the healthcare professional who will review it.

**CAN YOU READ? \_\_\_\_\_ YES**

**Part A. Section 2 (Mandatory)**

Every employee who has been selected to use any type of respirator  
Must answer questions 1 through 9 below.

**YES**      **NO**

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month
2. Have you ever had any of the following conditions?
  - a. Seizures (fits)
  - b. Diabetes (sugar disease):
  - c. Allergic reactions that interfere with your breathing:
  - d. Claustrophobia
  - e. Trouble smelling odors

**Part A. Section 2. (Mandatory) (Continued)**

**YES**

**NO**

5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack:
  - b. Stroke:
  - c. Angina:
  - d. Heart failure:
  - e. Swelling in your legs or feet (not caused by walking):
  - f. Heart arrhythmia (heart beating irregularity):
  - g. High blood pressure:
  - h.
6. Have you ever had any of the following cardiovascular or heart problems?
- a. Frequent pain or tightness in your chest:
  - b. Pain or tightness in your chest during physical activity:
  - c. Pain or tightness in your chest that interferes with your job:
  - d. In the past two years, have you noticed your heart skipping or missing a beat:
  - e. Heartburn or indigestion that is not related to eating:
  - f. Any other symptoms that you think may be related to heart or circulation problems:
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems:
  - b. Heart trouble:
  - c. Blood pressure:
  - d. Seizures (fits):
- 8.
- a. Eye irritation:
  - b. Skin allergies or rashes:
  - c. Anxiety:
  - d. General weakness or fatigue:
  - e. Any other problem that interferes with your use of a respirator:
9. Would you like to talk to the healthcare professional who will review this questionnaire about your answers to this questionnaire?

